

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2014 OCT 28 PM 12:58

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CHICO Democrats

ADDRESS (number and street)

PO Box 4924

Check if different
than previously
reported. (ACC)

CHICO CA 95527 7524

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)

~~July 15
Quarterly Report (Q2)~~

~~October 15
Quarterly Report (Q3)~~

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:

Convention (12C)

Special (12S)

Election on

in the
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

07 01 2014

through

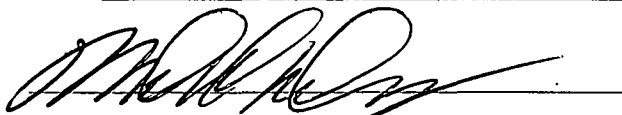
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Michael Worley

Signature of Treasurer



Date

10-23 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Child Democrats

Report Covering the Period:

From:

07 / 01 / 2014

To:

09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2014</i>		<i>2889.20</i>
(b) Cash on Hand at Beginning of Reporting Period.....	<i>5,144.25</i>	
(c) Total Receipts (from Line 19)	<i>6980.28</i>	<i>1,2224.68</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>12,124.53</i>	<i>15,023.88</i>
7. Total Disbursements (from Line 31)	<i>2,506.56</i>	<i>5,505.91</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>9,618.97</i>	<i>9,618.97</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<i>- 0 -</i>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<i>- 0 -</i>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHICO Democrats

Report Covering the Period:

From:

07 01 2014

To:

09 30 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5,000 -

6,050 -

(ii) Unitemized.....

1,980.28

2,045.42

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

6,980.28

12,095.42

(b) Political Party Committees.....

-

-

(c) Other Political Committees
(such as PACs).....

-

-

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

6,980.28

12,095.42

12. Transfers From Affiliated/Other Party Committees.....

-

129.26

13. All Loans Received.....

-

-

14. Loan Repayments Received.....

-

-

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

-

-

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

-

-

17. Other Federal Receipts (Dividends, Interest, etc.).....

-

-

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

-

-

(b) Levin Funds (from Schedule H5).....

-

-

(c) Total Transfers (add 18(a) and 18(b))..

-

-

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

6,980.28

12,224.68

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

6,980.28

12,224.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	,	,
(ii) Non-Federal Share.....	,	,
(b) Other Federal Operating Expenditures	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	,	1,346.05
22. Transfers to Affiliated/Other Party Committees.....	,	735.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	
24. Independent Expenditures (use Schedule E).....	112.78	308.89
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	1536.78
26. Loan Repayments Made.....	,	,
27. Loans Made.....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	,	,
(b) Political Party Committees	,	,
(c) Other Political Committees (such as PACs).....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	,	,
29. Other Disbursements	,	,
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	,	,
(ii) "Levin" Share.....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds	6652.99	3088.89
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	6652.99	3088.89
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2566.56	5505.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2506.56	5505.91

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, 6900.28	, 12095.42
34. Total Contribution Refunds (from Line 28(d))	, -0-	, -0-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 6900.28	, 12095.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-0- 2500.56	1344.05 55.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	, -0-	, -0-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-0- 2500.56	1344.05 55.05

London - 22nd

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHICO Democrats

Full Name (Last, First, Middle Initial)

A. *JACOB MASON - DAVIS*

Mailing Address

2521 Zanella Way

City

CHICO

State

CA

Zip Code

95528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Disrupt in Athletics

Occupation

Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

08 22 2014

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

5000

TOTAL This Period (last page this line number only)..... ►

5000

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHICO Democrats

Full Name (Last, First, Middle Initial)

A.

Bothe County Dem Central Comm

Mailing Address

P.O. Box 2522

City

Paradise

State

CA

Zip Code

95569

Purpose of Disbursement

Insurance

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 04 / 2014

Amount of Each Disbursement this Period

, 135.00

B.

Bothe County Dem Cent Com

Mailing Address

P.O. Box 2522

City

Paradise

State

CA

Zip Code

95569

Purpose of Disbursement

Office Rent

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

09 / 18 / 2014

Amount of Each Disbursement this Period

, 600.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

, 735.00

TOTAL This Period (last page this line number only)..... ▶

, 735.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

Calico Democrats

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

09/23/2014

Mailing Address

8891 Betty Lou Dr

City State Zip Code

Sacramento CA 95811

Purpose of Disbursement

Mailing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

711.68

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

09/14/2014

Mailing Address

6630 Berkshire Way

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

169.50

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

09/20/2014

Mailing Address

6630 Berkshire Way

City State Zip Code

Paradise CA 9563

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

77.80

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

953.98

TOTAL This Period (last page this line number only).....▶

1652.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Crucio Democrats

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Time Printing

M M / D D / Y Y Y Y
07 23 2014

Mailing Address

1620 D ST

City *Sacramento*

State

CA

Zip Code

95812

Purpose of Disbursement

Printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, 483.86

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

ED's Printing

M M / D D / Y Y Y Y
07 23 2014

Mailing Address

P.O. Box 5214

City *Crucio*

State

CA

Zip Code

95527

Purpose of Disbursement

Printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, 124.18

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

ED's Printing

M M / D D / Y Y Y Y
09 30 2014

Mailing Address

P.O. Box 5214

City *Crucio*

State

CA

Zip Code

95527

Purpose of Disbursement

Printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

, 25.80

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

, 698.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Crucio Democrats</i>	FEC IDENTIFICATION NUMBER ▼ <i>C 00455352</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <i>118.77, 14,977.18</i>
(c) TOTAL Independent Expenditures.....	▶ <i>118.77, 14,977.18</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature *[Signature]* Date *10 / 23 / 2014*

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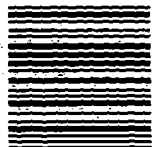
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1006

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Chico, CA 95927

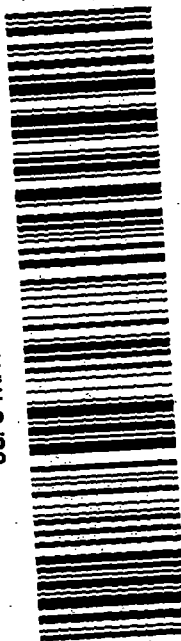
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999 BEST AVE
Washington, DC 20463

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 10/23/14
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	10/28/14 DATE PREPARED

(8/2013)